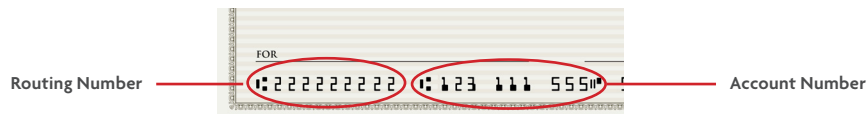


CONFIDENTIAL

Authorization for BlueCross BlueShield of Tennessee to Accept Bank Draft Payments for Health Insurance Premiums

SUBSCRIBER NAME:		
SUBSCRIBER ID NUMBER OR SOCIAL SECURITY NUMBER:		
DAYTIME PHONE NUMBER:		
NAME OF BANK:		
CITY:	STATE:	ZIP:
BANK ROUTING NUMBER:	BANK ACCOUNT NUMBER:	
NAME ON BANK ACCOUNT:		
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
SIGNATURE(S) OF BANK DEPOSITOR: <small>(Sign Exactly as Name Appears on Bank Records)</small>		DATE:



I authorize BlueCross BlueShield of Tennessee to draft the checking or savings account listed above for payment of health insurance premiums related to the subscriber ID/policy identified on this form. I agree that BlueCross BlueShield of Tennessee's rights for each such draft will be the same as if it were a check made payable to BlueCross BlueShield of Tennessee and signed by me. This authorization is valid until I provide written notice of cancellation to BlueCross BlueShield of Tennessee. I further agree that if any draft is dishonored, with or without cause, whether intentionally or inadvertently, BlueCross BlueShield of Tennessee will have no liability even though such dishonor may result in the cancellation of health coverage or payment of a \$25 non-sufficient funds fee.

You will receive confirmation when your automatic bank draft payment goes into effect. If you get a paper bill or email notification indicating you can view your billing statement online before your bank draft payment is confirmed, please return payment as requested.

Please fax all correspondence about Automatic Bank Draft Payment to (423) 535-1308 or mail to:

**BlueCross BlueShield of Tennessee
 Individual Membership Services
 1 Cameron Hill Circle Suite 0033
 Chattanooga, TN 37402-0033**

You may cancel your automatic bank draft any time by sending us written notice. To avoid a disruption in service, please send your request at least two weeks before your premium is due. If you have questions about your bank draft, please call 1-800-725-6849.

BlueCross BlueShield of Tennessee subscribers will be charged a \$50 fee to reinstate a medical policy that is terminated for non-payment. Subscribers who only have a dental policy will be charged \$25 to reinstate dental policies terminated for non-payment. In addition, subscribers will be charged a \$25 non-sufficient funds fee for payments not honored by their financial institution.